## TRANSMITTAL FORM Filing Date First Named Inventor Art Unit (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Application Number 10/047,366 Filing Date January 14, 2002 Donald R. Fralic Art Unit Sexaminer Name Gerald C. Vizvary Attorney Docket Number 3633 - 012217

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ENCLOSURES (check all that apply)											
Fee Transmittal For	m		Drawing(s)			After Allowance communication to TC					
Fee Attached			Licensing-relate	d Papers		Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply			Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final			Petition to conve Provisional App			Proprietary Information					
Affidavits/dec	ffidavits/declaration(s)		Power of Attorn Change of Corre Address			Status Letter					
Extension of Time Request			Terminal Discla	imer		Other Enclosure(s) (please identify below):					
Express Abandonment Request			Request for Refu	ınd		•					
Information Disclosure Statement			CD, Number of	CD(s)							
			Landscape	Table on CD							
Certified Copy of Priority Document(s)		Ren	narks								
Reply to Missing Parts/											
Incomplete Application Reply to Missing Parts											
Under 37 CFR 1.52 or 1.53											
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.											
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name T	he Webb Law	Firm _	A								
Signature D O A A A A A A A A A A A A A A A A A A											
Printed Name Randall A. Notzen											
Date M	March 25, 2008			Reg. No.	36,882						
CERTIFICATE OF TRANSMISSION / MAILING											
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signature Debruh J. Hannam											
Typed or printed name Deborah L.					Date	March 25, 2008					

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known								
FEE TRANSMITTAL				Applie	cation Number	10/047,366							
				Filing	Filing Date		4, 2002						
For FY 2008				First 1	Named Inventor	Donald R	R. Fralic						
Applicant claims small entity status. See 37 CFR 1.27				Exam	ner Name	Gerald C. Vizvary							
				Art U		3694							
TOTAL AMOUNT OF PAYMENT (\$) 255					ey Docket	3633 - 012	2217						
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17													
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.													
FEE CALCULATION	(All the fe	es below are o	lue upon filin	g or may	be subject to a s	urcharge.)							
1. BASIC FILING, SI	EARCH, AI	ND EXAMIN	ATION FEES	3									
	FILING FEES SEARCH F					EXAMINATION FEES							
		mall Entity		all Entity	<u>s</u>	mall Entity							
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees	<u>Paid (\$)</u>					
Utility	310	75	510	255	210	105							
Design	210	105	100	50	130	65							
Plant	210	105	310	155	160	80							
Reissue	310	155	510	255	620	310							
Provisional	210	105	0	0	0	0							
2. EXCESS CLAIM F	EES							Small Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (inc	luding Reiss	sues)					50	25					
Each independent claim	luding Reissue	es)				210	105						
Multiple dependent clai	ms						370	185					
Total Claims - 2	0 or HP	Extra Clai	ms Fee	<u>(\$)</u>	Fee Paid (\$)		Multiple I	Dependent Claims					
4		= 0	x0		0		Fee (\$)	Fee Paid (\$)					
HP = highest number of t	otal claims pai	d for, if greater ti	ıan 20.										
Indep. Claims - 3	or HP	Extra Clai	ms <u>Fee</u>	(\$)	Fee Paid (\$)								
HP = highest number of in	3	= 0	x 0	=	0								
	-	imis paid for, it g	reater than 5.										
3. APPLICATION SI		as exceed 100	cheete of none	ır (evoludi	an electronically	filed secuen	ce or computer listi	naa uudau					
37 CFR 1.52(e)	)), the applic	ation size fee	due is \$260 (\$	130 for sn	nall entity) for ea	ch additional	1 50 sheets or fraction	on thereof.					
See 35 U.S.C.			.16(s).										
Total Sheets	<u>Extra Sl</u>				tional 50 or frac			Fee Paid (\$)					
- 100 :	=	/ 50 =		(round	up to a whole num	nber) x		<u></u>					
4. OTHER FEE(S)													
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late fi	ling surchar	ge): Notice o	f Appeal					\$255.00					
SUBMITTED BY													
		OMA	(A)	Re	gistration No.								
Signature	Nous	USUZ#	testan		torney/Agent)	36,882	Telephone 412	-471-8815					

Date

March 25, 2008

Name (Print/Type)

Randall A. Notzen